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CLINICAL PROCEEDINGS

of the
CHILDREN'S HOSPITAL

WASHINGTON, D. C.

December 1952

VOLUME VIII

NUMBER 12

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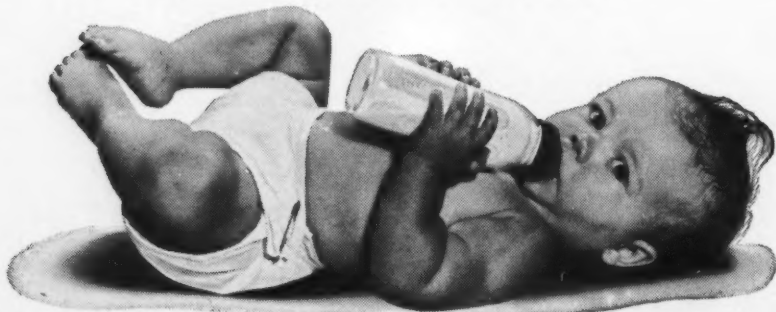
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CLINICAL PROCEEDINGS

OF THE CHILDRENS HOSPITAL

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Vol. VIII

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Dr. Wall receiving award at Children's Hospital Alumni Association Banquet,
May, 1952

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DOCTOR JOSEPH S. WALL
1876-1952

Edgar P. Copeland, M.D.

In the death of Doctor Joseph Stiles Wall our Community has suffered a grievous loss, but more especially do we, his associates over the years in the Children's Hospital mourn his passing. In this institution his name was and remains a symbol, for it was here that he began and terminated his professional career,—fifty years of selfless and devoted service.

As will be seen from the all too brief biography in the last issue of our Children's Hospital Arrow (which is printed below), Dr. Wall began even as a high school student to exhibit those rare qualities of leadership that were destined to lead him to the heights that he attained. He was by nature liberally endowed with those attributes of character that marked him for distinction. With lofty ideals and a deep appreciation of his responsibilities, he strove tirelessly at his tasks. The well deserved honors that were visited upon him were both national and international in their scope. His year as President of the Medical Society of the District of Columbia was one of great progress for the Society, and few if any presidents of the American Academy of Pediatrics have left behind the record of accomplishment that was his. The recently completed history of that organization is replete with memoranda of his contributions. As a representative and pleader before the Committees of The Congress in matters of public welfare and professional interest he was recognized as without an equal and many are the hours that he spent at great personal sacrifice in that laudable activity.

With a record of so many things so well done it is difficult to single out Dr. Wall's greatest accomplishment. Perhaps it was his work for Children's Hospital,—many of us would like to think so. In the last fifteen years of his life, during which he was our Chief of Staff, he led this institution to the enviable position that it now occupies as a center of pediatric training. Certainly in no other period of his life did his mature judgment and practical wisdom shine more gloriously.

Already indelibly stamped in our hearts and minds his stature will grow with the passage of time. Characterized by graciousness and tolerance, he has left behind a fond memory of a life well lived, an example for all to emulate.

Adieu, noble friend, gone, but never to be forgotten.

BIOGRAPHY

Over the years the roster of the Medical Society of the District of Columbia has listed the names of many who have contributed to the advance-

ment of science and the glory of the medical profession but no record of accomplishment will stand above that of our beloved Doctor Joseph Stiles Wall. His unselfish devotion to the highest ideals of the profession has left an enduring testimony. His achievements have earned international recognition and added luster to the efforts of his associates.

Dr. Wall, son of Allen Wall of Pittsburgh and Elizabeth Stiles Wall of Boston, was born in Washington, D. C., on October 3, 1876. He received his early education in the schools of Washington, D.C., graduating from Central High School in the class of 1893. Three awards were presented to him by that institution; the first, a medal in competitive drill as the best drilled officer of the regiment of cadets in the manual of arms; the second, a scholarship, after competitive examination, to the School of Medicine of Georgetown University, which determined his career; and the last, in 1944, a "certificate of distinction" in medicine and social service by the Alumni Association.

Doctor Wall received the degree of Doctor of Medicine from Georgetown University in 1897. He began his graduate training as an extern in Garfield Memorial Hospital, following which he was resident physician at the Children's Hospital of Washington, D. C. and later at Providence Hospital. After post-graduate work in New York and in Oxford, England, he engaged in the general practice of medicine for a number of years, later confining his practice exclusively to the field of pediatrics.

On May 29, 1909, Doctor Wall married Agnes Reimer, of Brooklyn, New York. A daughter, Frances, is their only child.

During his years of service to the hospitals of the city, he has been Attending Pediatrician to the Foundling's, Providence, Georgetown and Galinger Hospitals and Consulting Pediatrician to Doctors' and Columbia Hospitals. For a period of over fifty years he was attached to the Children's Hospital of the District of Columbia. He was Medical Director of the Child Welfare Society of Washington for several years, during which period the child health centers, first established by this organization, were increased in number from one to eight.

Under date of January 23, 1923, former President Herbert J. Hoover, (then President of the American Child Health Association) addressed the following letter to Doctor Wall: "It is a genuine pleasure to welcome you as a Director of the new American Child Health Association which has come into being through the Amalgamation of the American Child Hygiene Association and the Child Health Association of America. We shall count on your help in the new organization as a most valuable asset because of the already keen interest you have shown and great assistance you have given to the cause of child welfare in America."

Georgetown University conferred upon Doctor Wall the honorary degrees of Master of Arts in 1925 and Doctor of Science in 1938.

Over a period of 47 years from the time of his graduation, he was a teacher of medicine in the Georgetown Medical School. At first he was Assistant to the Professor of Chemistry, later Professor of Physiology and during most of his years of service, Professor of Pediatrics.

Doctor Wall has been twice honored by the Medical Society of the District of Columbia. A scroll, presented on November 6, 1929, read in part:

"By his untiring devotion to the duties entrusted to him by the Society, by the generous sacrifice of his time and strength to its interests and to the best interest of the people of the District of Columbia, by the exhibition of brilliant diplomacy, unflinching tact, distinguished ability and conspicuous moral courage, he succeeded in securing the enactment, by the Congress of the United States, of an adequate law to regulate the Practice of the Healing Arts in the District of Columbia."

Upon the occasion of his election to the position of President-elect of the American Academy of Pediatrics, his colleagues and friends in Washington held a dinner in his honor on April 15, 1944 and presented him with an embossed scroll.

After many years of service as Chairman of the Committee on Legislation of the American Academy of Pediatrics, Doctor Wall received from its Executive Board, at its annual meeting in 1946, a scroll which contained the following resolution of appreciation:

"Whereas: Joseph Stiles Wall has rendered exact and distinguished services, beyond and above what would be expected of him in the ordinary performance of his duties, in favorably presenting the position of the American Academy of Pediatrics on child health matters before the legislative branch of the Federal Government and in performing many other services for the Academy, therefore be it

"RESOLVED: That the Executive Board of the American Academy of Pediatrics desires to convey to Doctor Joseph Stiles Wall its continuing confidence and its appreciation and heartfelt thanks for carrying forward a task which to this point has been conducted with uncommon skill and wisdom."

On October 27, 1946, several hundred persons—doctors, nurses, board members, hospital officials and friends of Doctor Wall gathered at the Children's Hospital of the District of Columbia to honor him on the anniversary of his 50th year of unflinching service to the sick children of Washington. In outlining Doctor Wall's distinguished career, a member of the Medical Staff stated, "He has always had a broader vision of a physical center for the over-all improvement in community and national health. He has worked diligently in all enlargement programs of Children's Hospital and since the end of the war has used his energy to give the ex-service physician all the help at his command."

"We, of the medical profession, can also point with pride to his national standing. He has been instrumental in the formation of the American Academy of Pediatrics, holding in its organization, offices of honor and responsibility. The Children's Bureau has also sought his advice on national problems of child welfare."

In July, 1947, he received unusual and distinguished recognition for his efforts in cementing friendly and intimate relationships among the pediatricians of North America and those of the Latin-America Republics, when President Grau Martin of Cuba conferred upon him the Decoration of Merit, Order of Carlos I. Finlay (who first named the mosquito as the carrier of yellow fever). The citation carried this inscription: "The President of the Republic of Cuba, from the authority he has received from the laws and at the request of the Supreme Council, confers the decoration of the National Order of Merit, Carlos I. Finlay, at the grade of Commander, on Joseph Stiles Wall, M.D."

Doctor Wall was President of the Medical Society of the District of Columbia in 1926 and President of the American Academy of Pediatrics in 1945. He was a Fellow of the American Medical Association, a member of the Southern Medical Association and an honorary member of the Sociedad de Pediatria de Cuba. In 1947 he was elected an Honorary Member of District IX, the Latin-American division of the Academy of Pediatrics, "as a recognition of his great cooperation in favoring the improvement of Latin-American Pediatric Science."

On September 28, 1948, at the banquet held during the Nineteenth Annual Scientific Assembly of the Society, he was awarded a certificate "in grateful acknowledgement of his outstanding services to the medical profession of Washington and to the Nation, his contributions in the field of Pediatrics and his unselfish devotion to the health needs of the District of Columbia."

As a speaker, Dr. Wall's services were always in demand. In one of his speeches Dr. Wall stated:

"Children are not merely compressed adults. They are little human beings, each with his or her own personality and way of thinking. They are innocent, trusting; they are truthful and do not feign illness—they are so inherently honest."

A favorite recollection of Dr. Wall's is the story of 7-year-old Ken, who was brought to the hospital deathly ill from typhoid fever, in the days before modern typhoid serums and control measures were known. "In his delirium little Ken kept calling for his dog. He feared that his pet wasn't being fed and cared for properly. After a consultation, the hospital staff agreed to forego the rules and bring the dog to the bedside. That big, shaggy collie dog slept under his young master's bed night after night and

Ken rallied. I think the devotion of that boy and dog was largely instrumental in saving Ken's life."

On October 1, 1951, Doctor Wall made one small concession to retirement—he resigned as Chief of Staff of the Children's Hospital of the District of Columbia, a position which he retained for 15 years. Doctor Wall said, with emphasis, that this move "by no means puts me on the shelf." It merely relieved him of conferences and meetings—the administrative burden of a successful doctor. "I hope to die in harness," he said.

The Medical Society of the District of Columbia unveiled a portrait of Doctor Wall at a dinner held in honor of Doctors Joseph Stiles Wall and Edgar P. Copeland on this same date.

In the death of Doctor Wall, on September 18th, 1952, 45 days after the demise of his wife, Agnes, the Children's Hospital of the District of Columbia and its medical staff and indeed the entire medical profession, have sustained the loss of a beloved and respected associate.

To those whose privilege it has been to share his companionship over the years, it was not alone his richly deserved honors that endeared him but rather those indefinable qualities of character that won such a legion of devoted friends and made him an outstanding figure in the professional and community life. Few, if any, pediatricians or indeed, physicians, can hope to duplicate the record that is his but his work will ever stand out as an elevating influence to the coming generation following in his chosen field of pediatrics.

ANGIONEUROTIC EDEMA TREATED WITH CORTISONE

Case Report No. 251

Roger H. Bergstrom, M.D.

S. R. 52-9497

This eleven-year-old colored female was admitted to the hospital on August 14, 1952 with the chief complaints of swelling of the face and rash about the face and shoulders. She had been well until the morning prior to admission when there was a history of changing from Ivory Soap to Lux Soap with subsequent development of a rash about the face and neck. By evening the patient's face was quite swollen and the patient was taken to another hospital where pyribenzamine was prescribed. The swelling about the face persisted and became increased, therefore, the patient was brought to Children's Hospital. Further history reveals that the patient was recently in the country where, for two years previously, she contracted poison ivy, although definite exposure to contact at this time is not absolute.

Birth and development had been normal. There is no definite history as to what immunizations had been given to the child. The patient had had whooping cough, but no other childhood diseases.

The father and mother and eight siblings are all living and well. There is no his-

tory of syphilis, diabetes, heart disease, hypertension, rheumatic fever, epilepsy, sickle cell anemia, hay fever, asthma, or hives.

Physical examination on admission revealed a colored female of the stated age in moderate distress, whose face had generalized edema making it impossible to open the eyes. The face revealed generalized marked edema. The head was symmetrical and no tenderness was noted. The eye lids were markedly edematous and the lid margins were hyperemic. There was no obstruction or discharge in the nose. There was hyperemia of the pharynx. No stiffness or swelling of the neck was noted. The lungs were clear to auscultation; there was no dullness to percussion. The heart rhythm was regular and no murmurs were heard. Examination of the abdomen disclosed no masses and the liver, kidneys and spleen were not enlarged. Genitalia was normal. There were no deformities of the extremities. Neurological examination was negative. No lymphadenopathy was noted. There was a vesicular rash about the lower face, neck, shoulders, arms and hands. Excoriation was noted on the chin and neck. The clinical impression was: dermatitis venenata (poison ivy), angioneurotic edema, and blepharitis.

A complete blood count on admission revealed 9.5 grams of hemoglobin; 3,000,000 red blood cells, 12,800 white blood cells with 77 segmented cells; 16 lymphocytes, and 7 eosinophiles per 100 cells. Platelets were normal. Sickle cell preparation was negative; serology was negative. Admission urine examination revealed 3 plus acetone and 5 to 7 white blood cells on microscopic examination. Urinalysis three days later on August 17 showed negative acetone, and microscopic examination was negative. The white blood cells on August 18 numbered 10,900 with 62 segmented forms, 1 band form, 33 lymphocytes and 4 eosinophiles per 100 cells.

The patient was afebrile on admission and continued as such throughout hospitalization. Facial edema persisted and pruritis developed on the arms and hands. Since there was no response to antihistaminic therapy, it was felt that cortisone warranted a trial. With cortisone therapy in a dosage of 50 milligrams every eight hours, the facial edema subsided in forty-eight hours completely. There was improvement of the edema in the first twelve hours of therapy. Supportive therapy of Burrow's solution soaks and surfacaine ointment caused relief of poison ivy symptoms.

The marked demonstrable facial edema in this patient was not amenable to the usual antihistaminic therapy and since previous cases have been reported to respond to cortisone therapy, a trial course was instituted with dramatic response in forty-eight hours.

SUMMARY

This was an eleven-year old colored female who was admitted with the chief complaint of marked facial swelling. The patient was diagnosed as angioneurotic edema secondary to poison ivy contact. Moderate eosinophilia supported allergic phenomenon and the patient was treated with antihistaminic drugs without response. Cortisone therapy in small doses demonstrated marked and complete subsidation of facial edema in forty-eight hours.

N.B. This patient was admitted to the ward service of Milton H. Greenberg, M.D.

SUDDEN AND UNEXPECTED NATURAL DEATH IN INFANTS AND YOUNG CHILDREN

Case Report No. 252

Jesse W. Nudelman, M.D.

There is probably no experience more distressing to a family and physician alike than a sudden and unexpected death in an apparently healthy infant.

The following case is typical of sudden and unexpected natural death:

R. H. was a 12-year-old white male who had been in previous good health and on the morning of admission was happy, alert, ate a good breakfast and was looking forward to going to a baseball game. Later, in the morning, he bicycled to the barber shop (up a steep hill) and, according to the barber, was in good spirits. Shortly after this he was found vomiting by a person passing by who walked him to his home a few streets away. Once home, he complained of severe headache and malaise, then quickly lapsed into coma. He was seen by a physician within a short period and immediately was brought into the hospital.

The patient's previous history was essentially non-contributory. He had "the usual childhood diseases" and two attacks of pneumonia when younger. He had complained of an associated vague headache over a period of a few years but not within 6 months prior to admission.

The family history was non-contributory.

On admission the boy was deeply comatose, flaccid, and did not react to stimuli. Respirations were Cheyne-Stokes in character. He was pale, well nourished, and not cyanotic. His temperature was 96.6 F. rectally.

The pupils were pinpoint, centrally fixed, and did not react to light. Both corneal reflexes were gone. Optic discs showed blurring of the medial margins with dilated retinal veins. The face and mouth were symmetrical. The deep and superficial reflexes were absent and bilateral. Babinski sign was present. There was slight nuchal rigidity on admission which disappeared in a short period. Spinal tap revealed a cherry red fluid at 80 millimeters of pressure.

Laboratory procedures included both a negative spinal fluid culture and blood culture. Serum urea nitrogen was 20 milligrams per 100 milliliters and venous blood sugar was 160.

A short time before death, a blotchy erythematous rash suddenly appeared on his forehead and rapidly descended over the whole body during a period of a few minutes. This lasted approximately 10 minutes and disappeared spontaneously.

The patient had no medication during his attack. He died a few minutes later; three and one-half hours after admission; four and one-half hours after the apparent onset of his illness.

Pathology

The brain was relatively normal except on the inferior surface of the left cerebellar hemisphere where was found an excavation 3 centimeters in diameter and $1\frac{1}{2}$ centimeters in depth. The walls of the cavity were lined with hemorrhagic debris. Serial section of the brain showed clotted blood in the ventricles presumably a retrograde spread. Section of the cerebellum showed hemorrhagic destruction from the site of bleeding infiltrating into the opposite hemisphere. The circle of Willis was intact.

Microscopic section showed hemorrhage in cerebellar sulci causing destruction of adjacent cortical tissue with complete loss of cellular structure. There was no evidence of inflammatory or neoplastic activity.

The remainder of the body was found normal except for pleural adhesions of the left lung.

Pathologic diagnosis was spontaneous subarachnoid hemorrhage of the left cerebellar hemisphere.

TABLE I

Percentage Composition of Population of Manhattan 1940 and of 2030 Cases of Sudden and Unexpected Natural Death from Birth to Ten Years of Age After Rabeson

	SEX	BIRTH—4 YEARS PER CENT	5-9 YEARS PER CENT
Population, total of:	Male	2.7	2.6
	Female	2.0	2.6
	Total	4.7	5.2
Sudden and unexpected natural death, total of:	Male	1.95	0.5
	Female	0.5	0.0
	Total	2.45	0.5
Respiratory system	Male	1.7	0.34
	Female	0.2	0.0
	Total	1.9	0.34
Cardio-vascular system	Male	0.05	0.0
	Female	0.2	0.0
	Total	0.25	0.0
Digestive system	Male	0.1	0.05
	Female	0.1	0.0
	Total	0.2	0.05
Nervous system	Male	0.1	0.1
	Female	0.0	0.0
	Total	0.1	0.1

DISCUSSION

Although sudden and unexpected natural death is not an uncommon occurrence in pediatrics, the literature is scanty in reporting the facts.

Orr in a report of a six-year period from 1943 through 1948 reviewed 1345 deaths at this hospital of which 200 were sudden and unexpected natural deaths. Other men have attempted to show the many possible causes of this entity but only Rabeson has shown the relationship of age, sex, incidence and disease.

Rabeson's figures show in the first age group that males outnumber females 2.7 per cent to 2.0 per cent while in the second period the sexes are equally represented 2.6 per cent each. The reason for this leveling off of an initial sex disparity is also to be found in this chart. During the first five years, four times as many boys as girls (1.95 per cent to 0.5 per cent) died. Although the percentage of the 2030 cases of sudden and unexpected natural deaths in the five-nine year age group fell to 0.5 per cent from the 2.45 per cent of the first period, the sex mortality disparity was worse than ever; no girls were counted among the very few cases in this second period of life. Here was another confirmation of the often remarked "lethality of boy babies."

In an attempt to learn the causation of sudden and unexpected natural death, a search through the literature gave a wide variation of facts. The following outline is a review of the multiplicity of causation of this topic. It is exclusive of surgical, anesthetic or accidental factors.

Infection:

Fulminating type due to:

- Streptococcus haemolyticus
- Meningococcus
- Virus
- Dysentery bacillus
- Diphtheria
- Other pathogenic bacteria

Malformation:

Heart and great vessels leading to:

- Cerebral hemorrhage
- Respiratory obstruction
- Subacute bacterial endocarditis

Any organ or system

Internal Hemorrhage:

Intracranial due to:

- Neoplasm
- Congenital aneurysm

Pulmonary

Specific organs, especially:

Adrenals

Heart

Nutritional disturbance causing thrombosis of dural venous sinus

Body cavity

Pertussis

Immaturity:

Premature and immature infants

Respiratory failure due to:

Cerebral hemorrhage

Aspiration

Atelectasis

Convulsion:

Terminal event caused by:

Infections

Infantile tetany

Hypoglycemia

Asphyxia:

Pressure of retropharyngeal abscess upon larynx or trachea

Laryngospasm due to:

Tetany

Anaphylactoid shock

Discharge into air passage by:

Rupture of retropharyngeal abscess

Mediastinal abscess connected with bronchial nodes

Cavities of spine

Neurological:

Brain tumor

Brain abscess

Tuberous sclerosis

Premature synostosis

Status Lymphaticus:

Many have listed other causes than those indicated as hereditary syphilis, scurvy, eczema, coronary occlusion, and insect bites.

The topic of the thymus in relationship to sudden death has caused great controversy and differences of opinion, thus a note at this time is

indicated. Status lymphaticus is no longer regarded as an explanation of sudden death. It is now recognized that infants and children who die suddenly from any cause exhibit a relative enlargement of the thymus and other lymphoid structures which is merely an expression of good nutrition. A panel discussion held at the American Academy of Pediatrics several years ago, ended with the statement that there is no relationship between the size of the thymus and sudden death. A special committee of the Medical Research Council and the Pathological Society of Great Britain and Ireland concluded in its report, that the facts elicited offered no evidence that the so-called status thymico lymphaticus had an existence other than as a pathological entity.

SUMMARY

Sudden and unexpected natural death in infants and young children seems to be caused by disease of the respiratory system in almost 80 per cent of the cases. The literature indicates that in this group, the diagnosis of "acute bronchitis" or "bronchopneumonia" is usually substantiated at autopsy. In a small number, the original cause of death was then determined, although in a very small number of cases a satisfactory cause of death could not be established.

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